

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212538189					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Hillsville Presbyterian Church, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TIMOTHY J TOLBERT 606 PINE ST PO BOX 250</p> <p>HILLSVILLE, VA 24343</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 11/30/2012</p> <p>SCC ID NO: 07443260</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CARROLL COUNTY</p>							
<p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p>							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 172 S. Main St.</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Hillsville, VA 24343</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Ken Gunn TITLE: PRESIDENT ADDRESS: 71 Ridgecrest Drive CITY/ST/ZIP/CO: Hillsville, VA 24343 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: Ken Gunn TITLE: PRESIDENT ADDRESS: 71 Ridgecrest Drive CITY/ST/ZIP/CO: Hillsville, VA 24343	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Matthew Hooven DIRECTOR 248 Drew Ridge Dr. Woodlawn, VA 24381	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barbara Howlett DIRECTOR 480 Raintree Rd Hillsville, VA 24343	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Shirley Hurst DIRECTOR 2902 Sylvatus Hwy. Hillsville, VA 24343	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mava Vass DIRECTOR P O Box 743 Hillsville, VA 24343	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ann H. Largin DIRECTOR P O Box 777 Hillsville, VA 24343	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cindy Spears DIRECTOR 453 Winding Ridge Rd. Hillsville, VA 24343	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ L. RolandDoerschug		L. RolandDoerschug,	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE	
		10/2/2012	
		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			